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23117 7590 09/03/2009

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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/678,309      | 10/06/2003  | Mitsue Miyazaki      | 160-391             | 4146             |

TITLE OF INVENTION: APPARATUS AND METHOD FOR MAGNETIC RESONANCE ANGIOGRAPHY UTILIZING FLOW PULSES AND PHASE-ENCODING PULSES IN A SAME DIRECTION

**MAGNETIC**

| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE                  | TOTAL FEE(S) DUE        | DATE DUE   |
|---|--|----------------|---------------------|---------------------------------------|-------------------------|------------|
| nonprovisional  | NO   | \$1510         | \$300               | \$0                                   | \$1810                  | 12/03/2009 |
| EXAMINER  | ART UNIT   | CLASS-SUBCLASS |                     | 11/25/2009 SHOHAMM1 00000063 10678389 |                         |            |
| KISH, JAMES M   | 3737   | 600-439000     |                     | 01 FC:1501<br>02 FC:1504              | 1510.00 OP<br>300.00 OP |            |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  | 2. For printing on the patent front page, list   |                |                     |                                       | 3.00 OP                 |            |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |                |                     |                                       | 1_NIXON & VANDERHYE PC  |            |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                |                     |                                       | 2_____                  |            |
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(A) NAME OF ASSIGNEE

**KABUSHIKI KAISHA TOSHIBA**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**MINATO-KU, TOKYO, JAPAN**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date NOVEMBER 24, 2009

Typed or printed name

**LARRY S. NIXON**

Registration No. 25,640

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